

Name
in
Full

CERTIFICATE OF DEATH

Howard Jerome Baker
Churchville
Hartford

MARYLAND

Died at
Date of death 1909 July 25 — Age — 10
Sex Male Color or Race White Birth-place Churchville, Md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name William J. Baker Father's Birthplace Bel Air, Md
Mother's Maiden Name Sarah Eliza Hawes Mother's Birthplace Churchville, Md
Name of person giving Information William J. Baker How related to deceased Father

CAUSES OF DEATH

Primary Enteric Colitis How long About 2 weeks
Immediate Syncope How long _____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Edward Charles
Bel Air, Md.

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mt. Zion

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name in Full <i>Hudson Baldwin</i>		Town <i>Harre del Grace</i>		County <i>Harford</i>	
Died at <i>Harre del Grace</i>		Date of death <i>1909 July 10</i>		Age <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Harre del Grace</i>	
Occupation <i>Labor</i>		Where Residing if not at place of death <i>" " "</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Monroe Baldwin</i>		Father's Birthplace <i>Harre del Grace</i>			
Mother's Maiden Name <i>May Field</i>		Mother's Birthplace <i>Harre del Grace</i>			
Name of person giving information <i>May Baldwin</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

Primary <i>Labor Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Toxemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Steiner</i>
	Address <i>H. del Grace</i>
<input checked="" type="checkbox"/> Accident or Suicide?	

Name
in
Full

George H Boeskey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Havre de Grace</i>		County <i>Holiford</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	July	3	Age 66		
Sex	Color or Race	Birth-place			
male	white	Germany			
Occupation	Where Residing if not et place of death				
<i>Cigar Maker</i>	<i>H de Grace</i>				
Married, Single or Widowed	Name of Wife or Husband				
Married	<i>Kate French</i>				
Father's Name	Father's Birthplace				
Not Unknown	Germany				
Mother's Maiden Name	Mother's Birthplace				
Unknown	Germany				
Name of person giving Information	How related to deceased				
<i>Edward Boeskey</i>	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abscess of gall bladder</i>	How long	<i>one year</i>
Immediate	<i>Heart weakness</i>	How long	<i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. L. Hopkins</i>	
		Address	
		<i>Havre de Grace</i>	
		<i>Verd</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

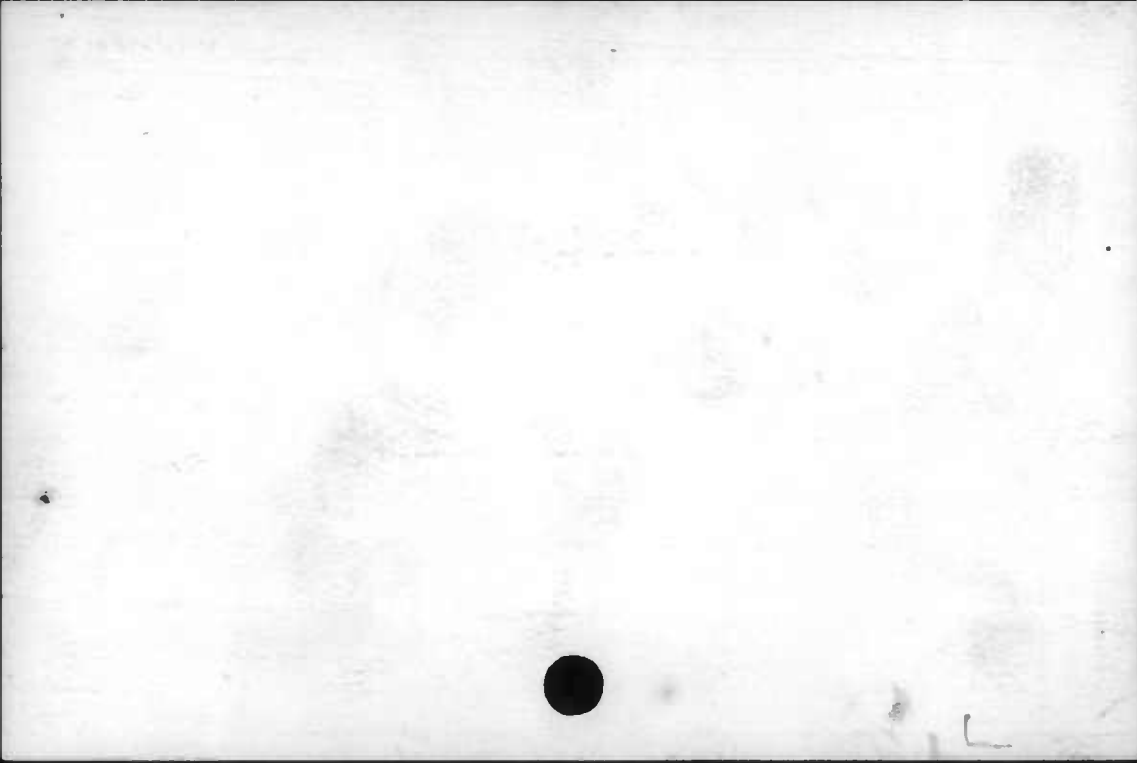
Died at		Town <i>Salveto</i>		County <i>Harford</i>		MARYLAND	
Date of death	1908	Month <i>July</i>	Day <i>21</i>	Age <i>33</i>	Years	Months <i>11</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Harford Co.</i>				
Occupation <i>House Keeper</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Joseph H. Bowen deceased</i>					
Father's Name <i>James H. Bowman</i>				Father's Birthplace <i>Kellerson Co. Ohio</i>			
Mother's Maiden Name <i>Mary E. Shurden</i>				Mother's Birthplace <i>Harford Co. Md.</i>			
Name of person giving Information <i>James H. Bowman</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>12 mo</i>
Immediate <i>& exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert S. Page</i>
<i>8</i>	Address <i>1221 Air Md</i>
Accident or Suicide	



Name
in
Full

Mabel Pearl Burkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Castleton^{County} Harford

MARYLAND

Date of death 1909 July

Day 3~~2~~

Age 4 Years

Months 6

Days -

Sex Female

Color or Race

White

Birth-place

Castleton, Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Arthur Burkins

Father's Birthplace

Castleton, Md.

Mother's Maiden Name

Mabel Henry

Mother's Birthplace

Harford Co., Md.

Name of person giving information

Arthur Burkins

How related to deceased

Father

CAUSES OF DEATH

60

X

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Inflammation of Brain

How long

Ten days.

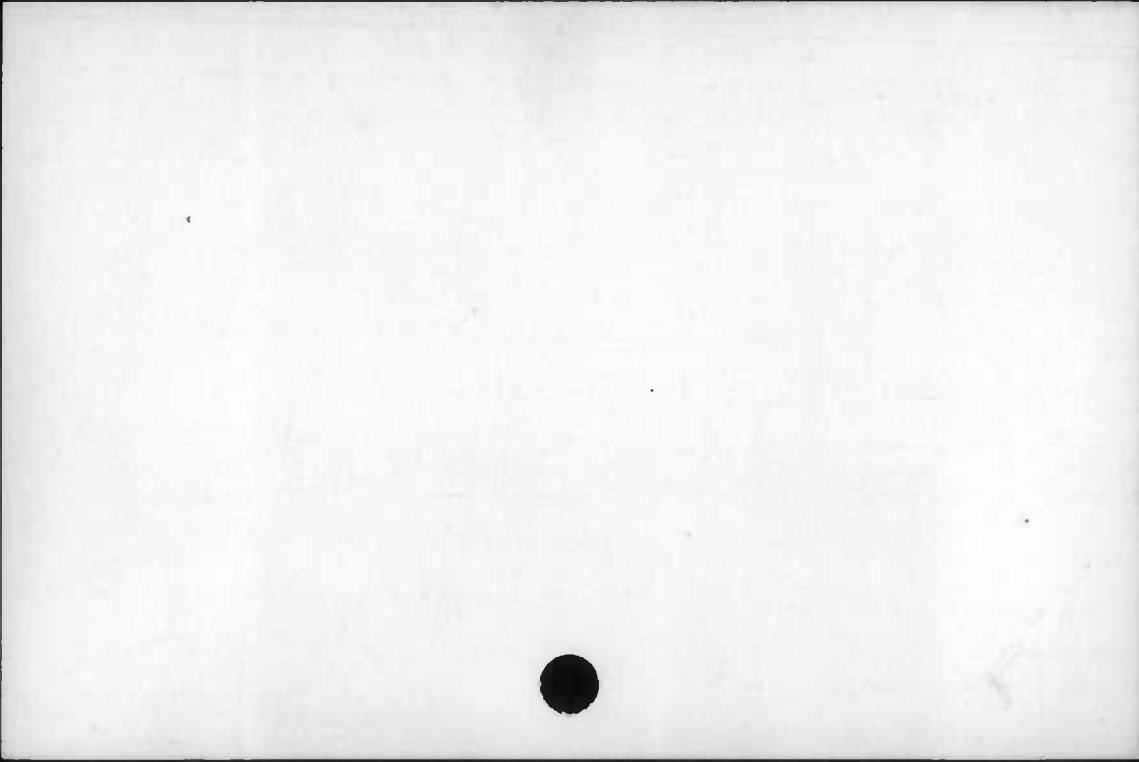
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. T. Davis,
Darlington, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Burroughs

Died at ^{Town} on Bush River ^{County} Starford

MARYLAND

Date
of death

1909

Month

July

Day

31

Age

Years

48

Months

Days

Sex

male

Color or
Race

White

Birth-
place

North East Md

Occupation

Painter

Where Raiding if not
at place of death

North East Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ely Burroughs

Father's
Birthplace

Cecil C Md

Mother's
Maiden Name

Martha J. Mercer

Mother's
Birthplace

Cecil C Md

Name of person giving
Information

Geo H Burroughs

How related
to deceased

Half Brother

CAUSES OF DEATH

Primary

Heart

How long

about 10 yrs

Immediate

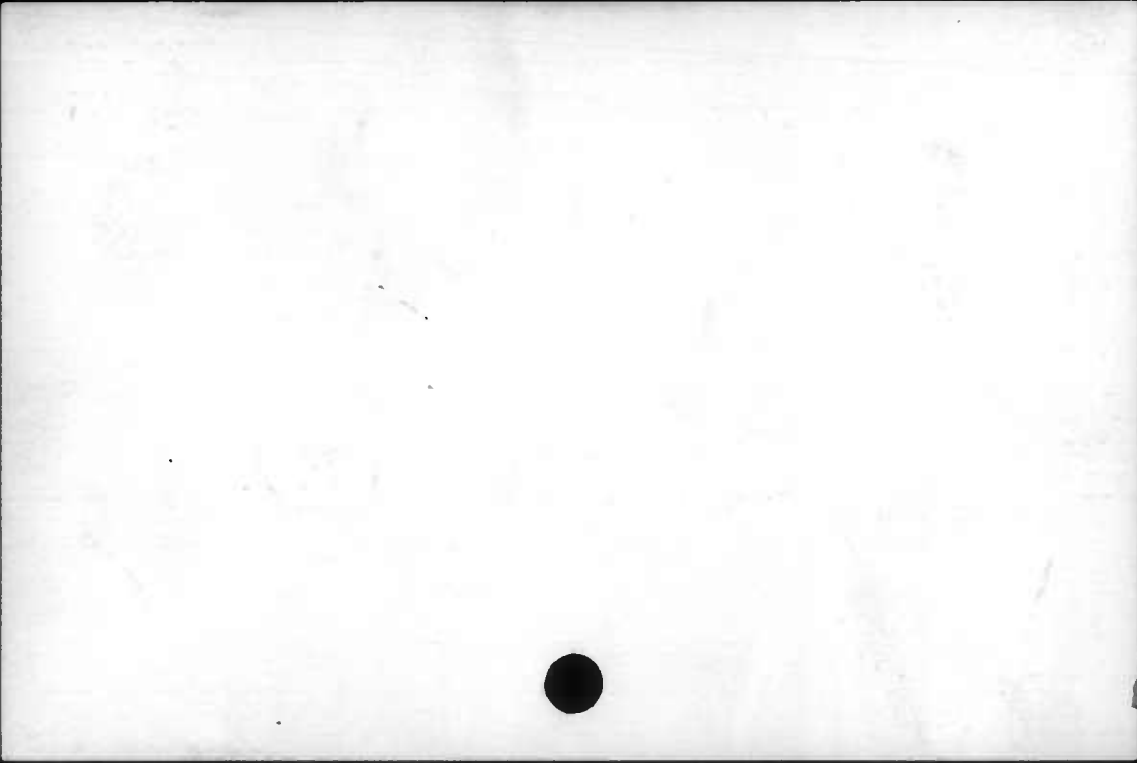
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. Burroughs
N. East

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		MAY 6. Bain				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Forest Hill</i>		Town - <i>Harford</i>		County		MARYLAND	
	Date of death <i>1907</i>		Month <i>7</i>	Day <i>1</i>	Age <i>62</i>	Years		Months
	Sex <i>Female</i>		Color or Race <i>A. Black</i>		Birth-place <i>Maryland</i>			
	Occupation <i>Nurse</i>		Where Residing if not at place of death <i>Forest Hill</i>					
	Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>John A. Green.</i>					
	Father's Name <i>unknown</i>				Father's Birthplace			
	Mother's Maiden Name <i>Ann Green</i>				Mother's Birthplace <i>Maryland</i>			
	Name of person giving information <i>Jennie Robinson</i>				How related to deceased <i>Sister</i>			
CAUSES OF DEATH							104	
PHYSICIAN OR CORONER	Primary <i>Acute Indigestion</i>				How long <i>five days</i>			
	Immediate <i>Toxaemia</i>				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>F. Lee Hughes</i>			
					Address <i>Bel Air, Md.</i>			
	Accident or Suicide?							

0170110/16

Barthina City

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> ^{Town}		<u>Hampden</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>July</u> ^{Day} <u>28</u>		Age <u>2</u> ^{Years}		<u>7</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Bel Air Md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>David Cox</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Eva Zell</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Eva Zell</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

Primary	<u>Rachitis & Marasmus -</u>	How long <u>146</u> ^X
Immediate	<u>Inanition</u>	<u>All his life</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		How long <u>Several weeks.</u>
Signature of Physician <u>A. F. Van Bibber</u>		Address <u>Bel Air Md.</u>
Accident or Suicidal <u>No</u>		

PHYSICIAN
OR CORNER

Hand. Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James M. Lut*
Town *Bel Air* County *Harford* MARYLAND
Died at
Date of death 190 *9* July *29* Age *—* Months *7* Days *—*
Sex *Male* Color or Race *Black* Birth-place *Ind.*
Occupation *—* Where Residing if not at place of death *Bel Air*

~~Married~~, Single
or ~~Widowed~~

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Malnutrition & marasmus -
Inanition

Yes

No

How long *all his life*
How long *about a week*

A. F. van Bibber
Bel Air
Md

Stev. Hice

Name
in
Full

Lawrence Wendell Cromwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Harford Co

County Co

Date of death 1909 July

Day 21

Age

Years

Months 8

Days 13

Sex Male

Color or Race Colored

Birth-place Harford Co

Occupation

Where Residing if not at place of death Harford Co.

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name James Cromwell

Father's Birthplace Harford Co

Mother's Maiden Name Mary Ellen Cox

Mother's Birthplace Balto Co.

Name of person giving information James Cromwell

How related to deceased Father

CAUSES OF DEATH

Primary

Probable Typhus

How long 179

Immediate

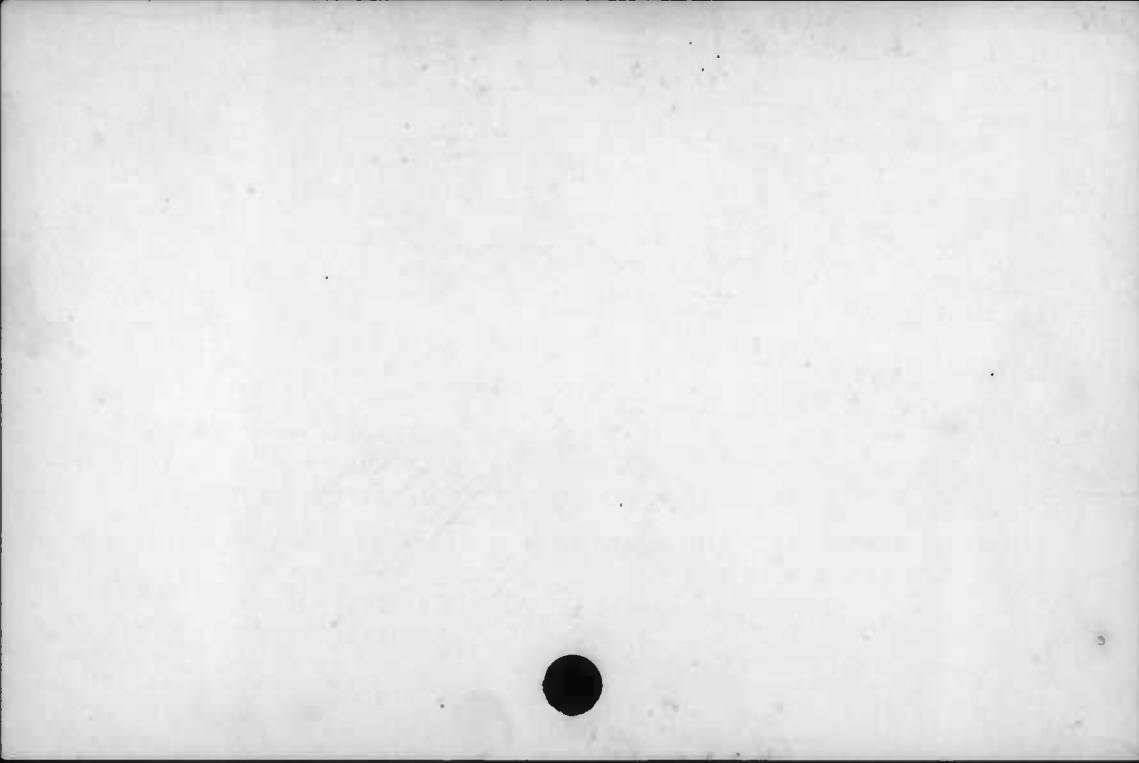
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Erasmus M. Lee
Sherrystown R

Accident or Suicide?



Name
in Full

Lewis Franklin Brenage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Perryman

Town

County

Hartford

MARYLAND

Date

of death 190

9 July

Day

21

Age

16

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Baerins Run. Md

Occupation

Laborer

Where Reading if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Brenage

Father's
Birthplace

Balverly. Md.

Mother's
Maiden Name

Mary E Lewis

Mother's
Birthplace

Aberdeen. Md

Name of person giving
Information

Charley Brenage

How related
to deceased

Brother

CAUSES OF DEATH

(93)

Primary

Typhoid Pneumonia

How long

Two Days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

8

Signature of
Physician

S. A. McSwain Dist. Registrar
Perryman
Md

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Annie B. Hamilton</i>		Town <i>Flint-Ville</i>		County <i>Harford.</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>25</i>		Years <i>8</i>	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>25</i>		Years <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Days <i>20</i>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>C. R. Hamilton</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Emma Singeltor</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>C. R. Hamilton</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long <i>eight months</i>
Immediate	<i>Marasmus</i>	How long <i>"</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes.</i>		Signature of Physician <i>H. Austin Delcher M.D.</i>
Address <i>Cardiff, Md.</i>		
Accident or Suicida		<i>Harford Co.</i>

Tabernacle

July. 27-09.

Name
in
Full

Mary M. Hollahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} *Harford* ^{County} *Harford* **MARYLAND**

Date of death ^{Month} *July* ^{Day} *10* ^{Years} *78* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *House Work* Where Residing if not at place of death *Harford*

Married, Single or Widowed *Widow* Name of Wife or Husband *John Hollahan*

Father's Name *James M. Rhinney* Father's Birthplace *Ireland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Ireland*

Name of person giving Information *James M. Rhinney* How related to deceased *Son-in-law*

CAUSES OF DEATH

166 X

PHYSICIAN
OR CORONER

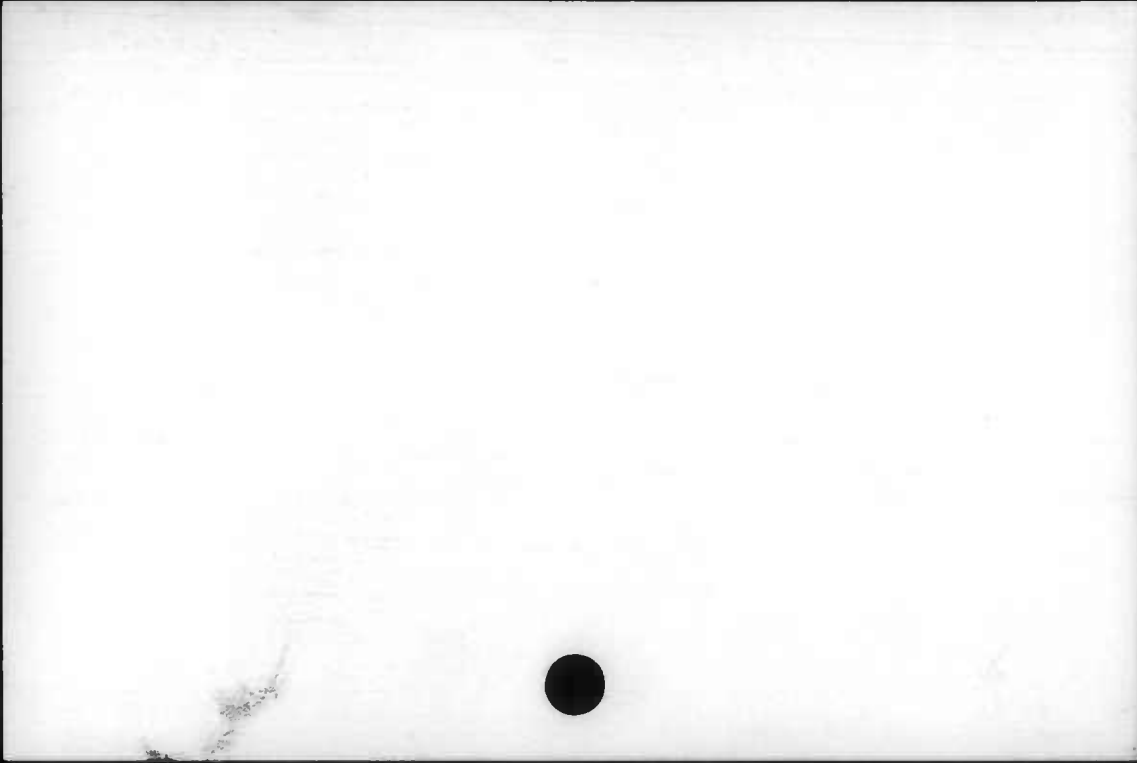
Primary *Heart disease* How long *6 months or more*

Immediate *Shock bone fell down stairs* How long *Short time*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. W. Smith*

J Address *Harford*

Accident or Suicide *Accident*



Name
in
Full

Christian M. Lay -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

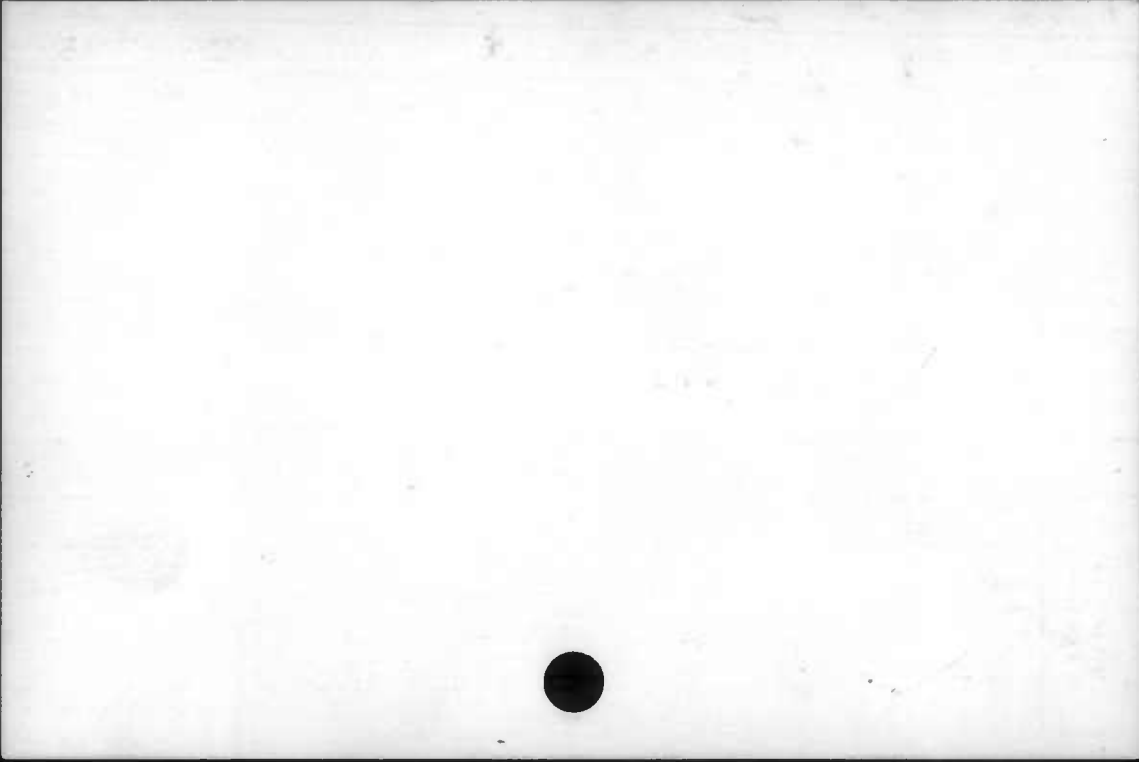
Died at ^{Town} near <i>Abertdeen</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death	1909	Month	July	Day	23
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Occupation	none		Birth-place	near Abertdeen, Md.	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Conrad Lay			Father's Birthplace	Balto. Md.
Mother's Maiden Name	May Baldwin			Mother's Birthplace	Harford Co. Md.
Name of person giving Information	Florence Holloway			How related to deceased	Grand Mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>10 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes -</i>	Signature of Physician	<i>Chas. H. Kiehl</i>
Address	<i>Abertdeen</i>		<i>Md.</i>
Accident or Suicide	<i>—</i>		



Name
in Full

Samuel P. Winnick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	9	Month	28	Day	Age
Sex		male		Color or Race		white	
Occupation		Farmer		Where Residing if not at place of death		Hickory	
Married, Single or Widowed		Single		Name of Wife or Husband		Susan E. Winnick	
Father's Name		Jacob Winnick		Father's Birthplace		Pa	
Mother's Maiden Name		Elizabeth Porter		Mother's Birthplace		Pa	
Name of person giving Information		Sarah Carter		How related to deceased		Daughter	

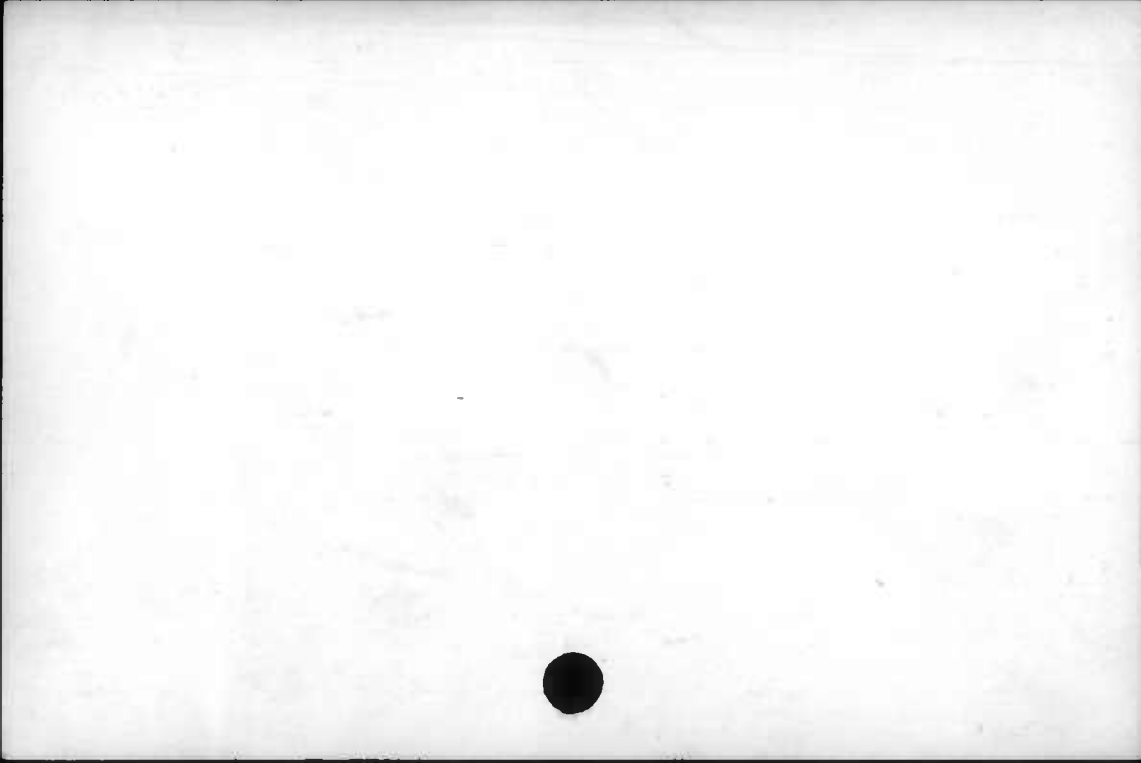
CAUSES OF DEATH

154

X

PHYSICIAN
OR CORONER

Primary	Old Age	How long	
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. P. Smith	
		Address	
		Harris Hill Md	
Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Monahan*

Town *Rutledge* County *Harford*

Died at *Rutledge* *Harford* MARYLAND

Date of death 1909 *July* *3* *10* *11* *AM* Age *81*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mary Kane*

Father's Name *John Monahan* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Monahan* Mother's Birthplace *"*

Name of person giving Information *John T. Monahan* How related to deceased *Son*

CAUSES OF DEATH

125

X

PHYSICIAN
OR CORONER

Primary *Hypertrophied Prostate* How long *13 years*

Immediate *Heart Disease* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Thos. H. Emory, M.D.*

Address *Monkton, Md.*

Accident or Suicide *no*

Burial at St Joseph R^y
Church Texas Bath co
Md

Name
in
Full

Charles E. Moulden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Room de Grace* Town *Harford* County
Date of death *1909* Month *7* Day *1* Age *26* Years Months Days
Sex *Male* Color or Race *White* Birth place *MD, USA*
Occupation *clerk* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *John Moulden* Father's Birthplace *Harford Co, MD*
Mother's Maiden Name *Lillian German* Mother's Birthplace *MD, USA*
Name of person giving information *Mother, Lillian O'Neil* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis*

How long *27* *X*

Immediate *it*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Room de Grace

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arthur Smallbush

Town

County

MARYLAND

Died at Fallston

Hagerstown

Date

Month

Day

Years

Months

Days

of death 1909 July 15

Age

37

Sex

Male

Color or
Race

Colored

Birth-
place

4
Leopoldtown

Occupation

Form Hand

Where Residing if not
at place of death

Fallston

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Catherine Borrett

Mother's
Birthplace

Unknown

Name of person giving
Information

Half brother wife

How related
to deceased

Half brother wife

CAUSES OF DEATH

27

Primary

Consumption

How long

Said to be years

Immediate

Hemorrhage of Lung

How long

Free Mercurials

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles Bagley M.D.

Address

Bagley

md

PHYSICIAN
OR CORONER

Accident or Suicide

John W. C.

Name
in
Full

CERTIFICATE OF DEATH

Aunrie Smith

TO BE ANSWERED BY
NEAREST FRIEND

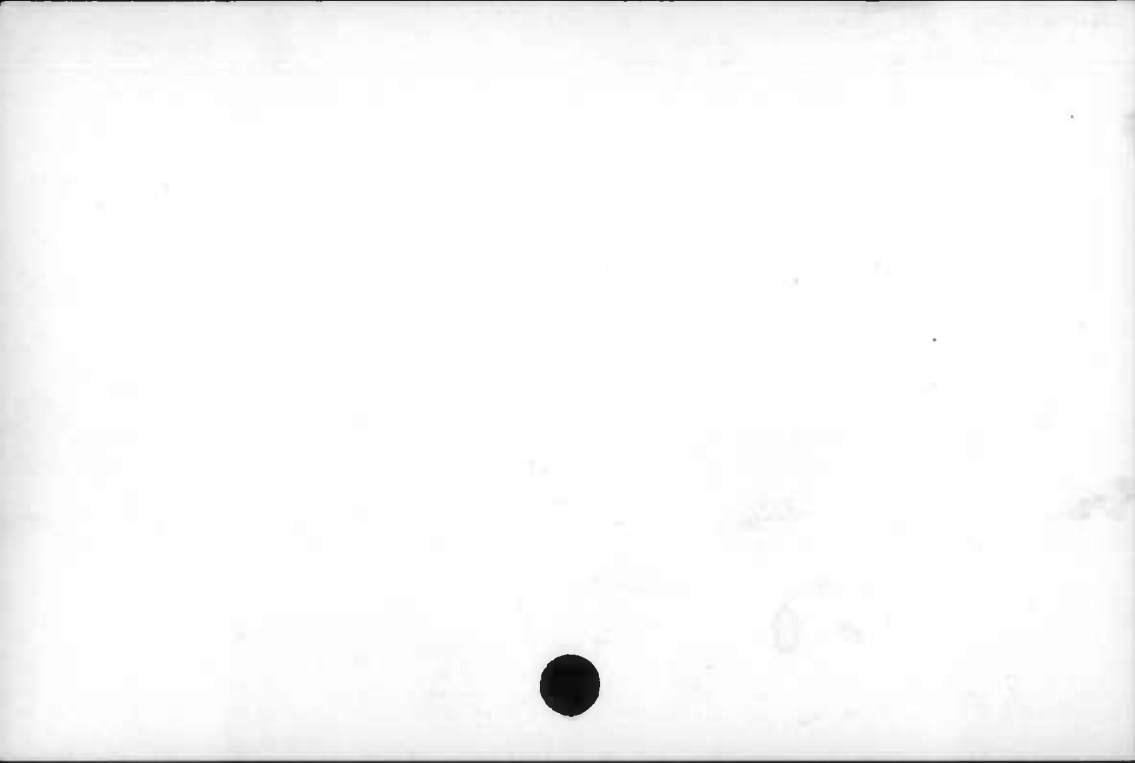
Died at <i>Darlington</i> ^{Town}		<i>Hartford</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i> ^{Month} <i>July</i> ^{Day}	Age <i>35</i> ^{Years}	Months <i>7</i>	Days <i>27</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Singl Widowed	Name of Wife or Husband <i>Wm J. Smith</i>				
Father's Name <i>James Tucker</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Elizabeth Berry</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>John Bond</i>	How related to deceased <i>First Cousin</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Indigestion (acute)</i>	How long <i>at once</i>
Immediate <i>Heart Failure</i>	How long <i>at once</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W B Clark MD</i>
	Address <i>Darlington Ind</i>
<i>X</i> Accident or Suicide	



Name
in
Full

Helen Field Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *farrettsville* ^{County} *Harford* **MARYLAND**
 Date of death ^{Month} *July* ^{Day} *9th* ^{Years} *19* ^{Months} *7* ^{Days} *7*
 Sex *Female* Color or Race *White* Birth-place *Delta, Pa.*
 Occupation *School teaching* Where Residing if not at place of death _____
 Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *J. Robert Smith* Father's Birthplace *Harford Co.*
 Mother's Maiden Name *Mary J. Kurtz* Mother's Birthplace *Harford Co.*
 Name of person giving Information *Mary K. Smith* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Influenza followed by Peritonitis* How long *Seven days*
 Immediate *Heart failure* How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F. E. Rigdon M.D.
 Address *farrettsville Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

Burial at Morris with
M P Lehnich

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

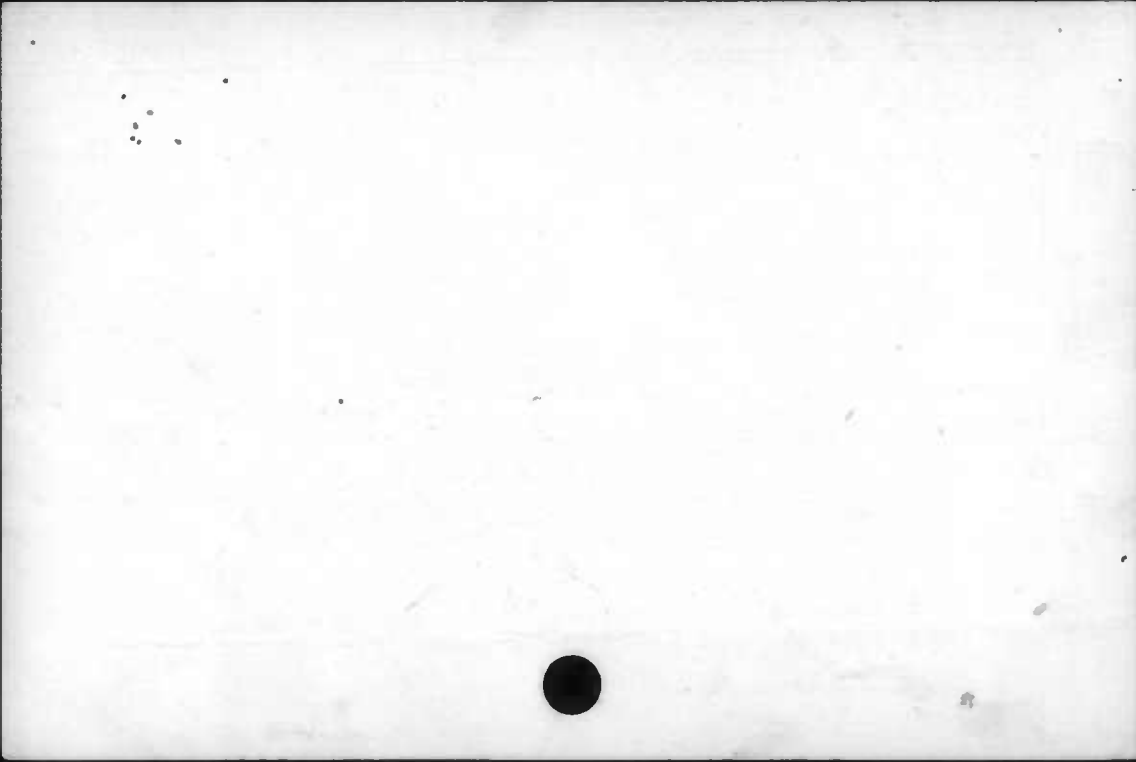
Name in Full <i>John H Smith</i>		Town <i>Lapidum</i>		County <i>Harpard</i>		MARYLAND	
Died at <i>Lapidum</i>		Month <i>July</i>		Day <i>28</i>		Years <i>7</i>	
Date of death <i>1909</i>		Age <i>28</i>		Months <i>7</i>		Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Lapidum</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John H Smith</i>				Father's Birthplace <i>Harpard Co</i>			
Mother's Maiden Name <i>Nora F. Furferson</i>				Mother's Birthplace <i>Volunters Ill.</i>			
Name of person giving Information <i>Mother</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Summer Complaint</i>	How long <i>all summer</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alb. B. B. B.</i>
Accident or Suicide	Address <i>Harrod B. B.</i>



Name
in
Full

CERTIFICATE OF DEATH

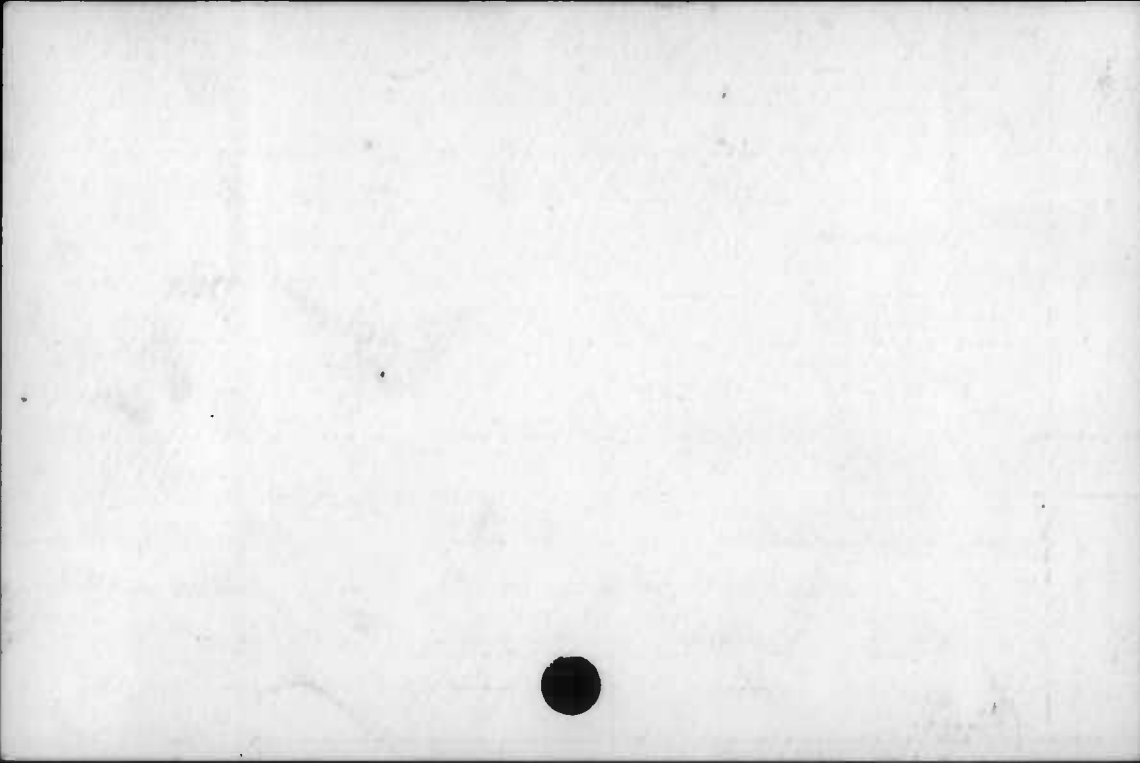
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Anna Elizabeth Stewart		County Harford		MARYLAND	
Died at		Farm, Calverton		Harford			
Date of death		1909	Month July	Day 9	Age Stillborn	Years	Months Days
Sex		Female		Color or Race		White	
Occupation		Infant		Birth- place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Stewart				Father's Birthplace	
Mother's Maiden Name		Anna Smith				Mother's Birthplace	
Name of person giving Information		John Stewart				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still Born		How long		18 +	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
Accident or Suicide?							



Name
in
Full

Not-named Street

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Heigh Point -^{County} HarfordDate of death 1909 ^{Month} July^{Day} 25

Age

^{Years}^{Months}^{Days}

One

Sex

Female

Color or
Race

White -

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

None

Father's
Name

Mechum Street

Father's
Birthplace

Md

Mother's
Maiden Name

Ella Bull

Mother's
Birthplace

Md

Name of person giving
In formation

Mechum Street

How related
to deceased

Father

CAUSES OF DEATH

18

Primary

Nematitis

How long

2 weeks

Immediate

Erysipelas

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. P. Smith

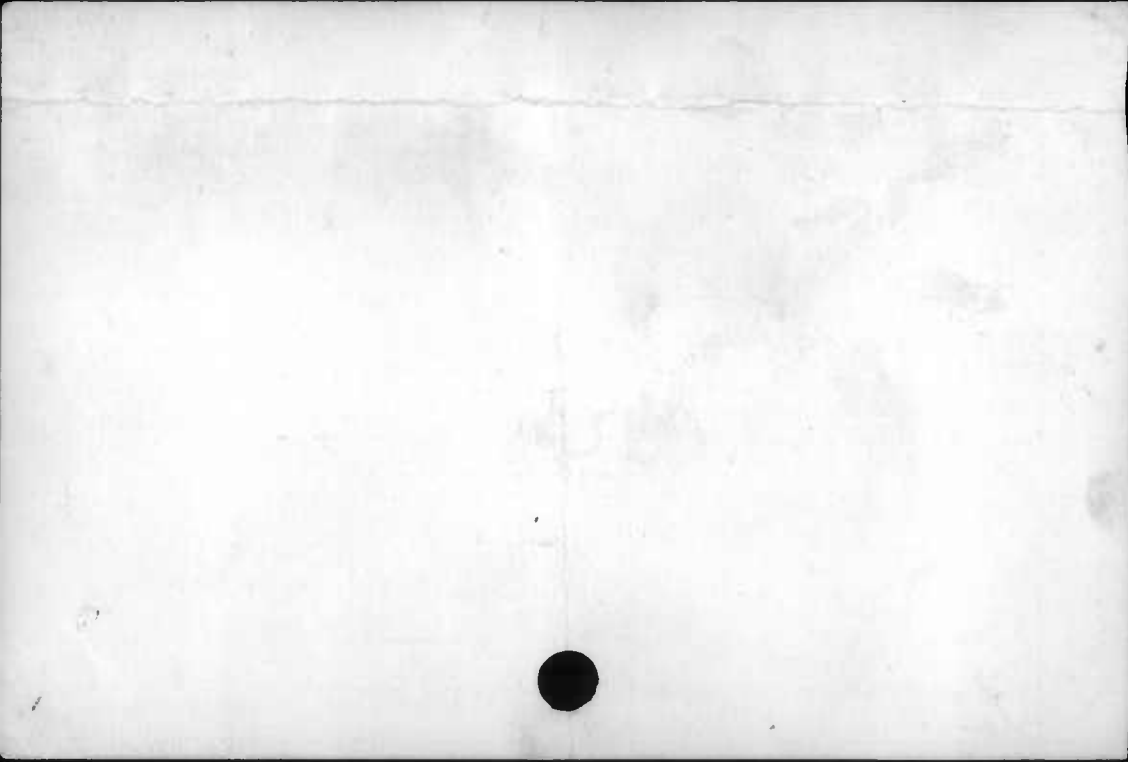
Address

Forest Hill

Accident or Suicide?

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Atton Walbeck

Town

County

MARYLAND

Died at

Madonna

Harford

Date

of death

1909

Month

July

Day

9

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Harford Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Nama of Wife or
Husband

Father's
Nama

W. Emory Walbeck

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Ada V. Giffen

Mother's
Birthplace

Balto. Co.

Nama of person giving
Information

W. Emory Walbeck

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Still Born

How long

8

Y

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

F. E. Rigdon M.D.
Jarrettsville
Ind.

Accident or Suicide

PHYSICIAN
OR CORONER

Burial at Salem E V Lehigh

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Jacob A. Watters*

Town

County

Died at

*Mountain**Harford*

MARYLAND

Date

of death

190

9 7

Month

Day

14

Age

Years

Months

7

Days

20

Sex

*Male*Color or
Race*Negro*Birth-
place*Mountain Md*

Occupation

*—*Where Residing if not
at place of death*at Mountain*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*Jacob Moses Watters*Father's
Birthplace*Harford Co*

Mother's

Maiden Name

*Mary Ellen Smith*Mother's
Birthplace*Harford Co*Name of person giving
Information*Jacob Moses Watter*How related
to deceased*Father*

CAUSES OF DEATH

74

Primary

"Hydro-ceph-a-lus"

How long

3 months

Immediate

collection of water in the head

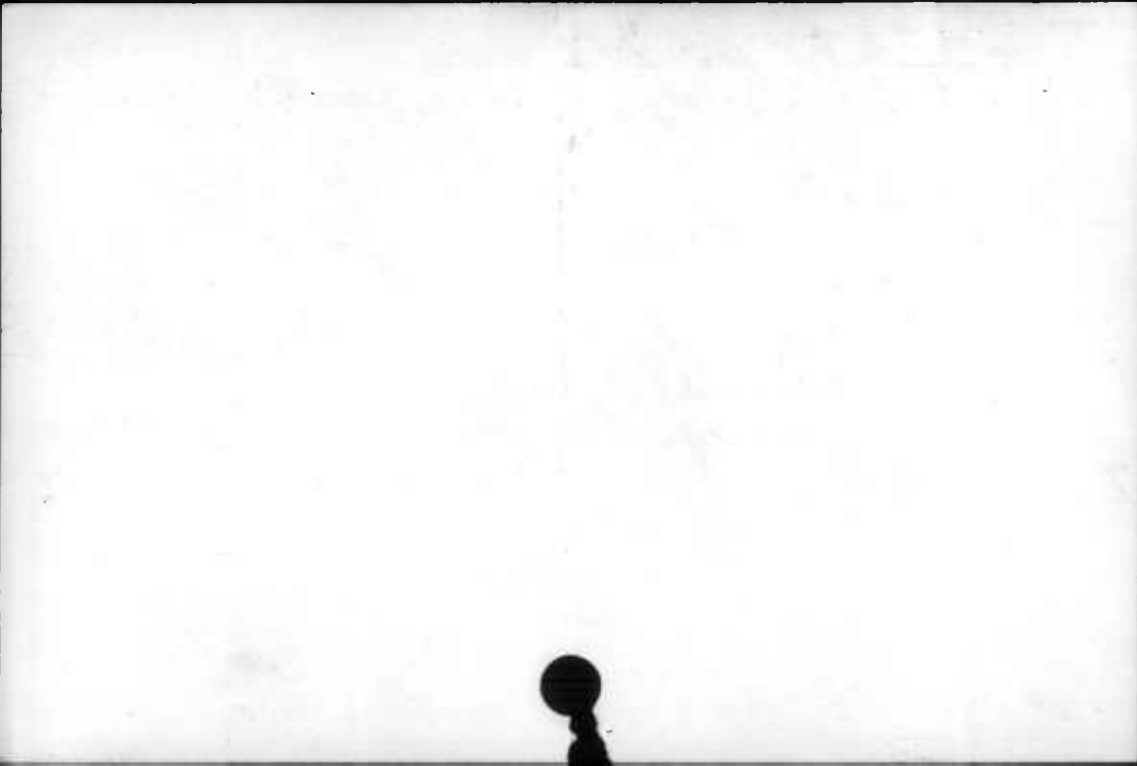
How long

*3 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. F. H. Gorsuch M.D.*

Address

*Fork Md*PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Sarah J. Wann Town Hickory County Harford MARYLAND

Died at Hickory Harford

Date of death 1909 July 31 Age 84 Months — Days —

Sex Female Color or Race White Birth-place Ind.

Occupation Housekeeper Where Residing if not at place of death Hickory

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Jacob Wann Father's Birthplace Ind.

Mother's Maiden Name Messivia Brooks Mother's Birthplace Ind.

Name of person giving Information Sarah Carter How related to deceased Sister

CAUSES OF DEATH

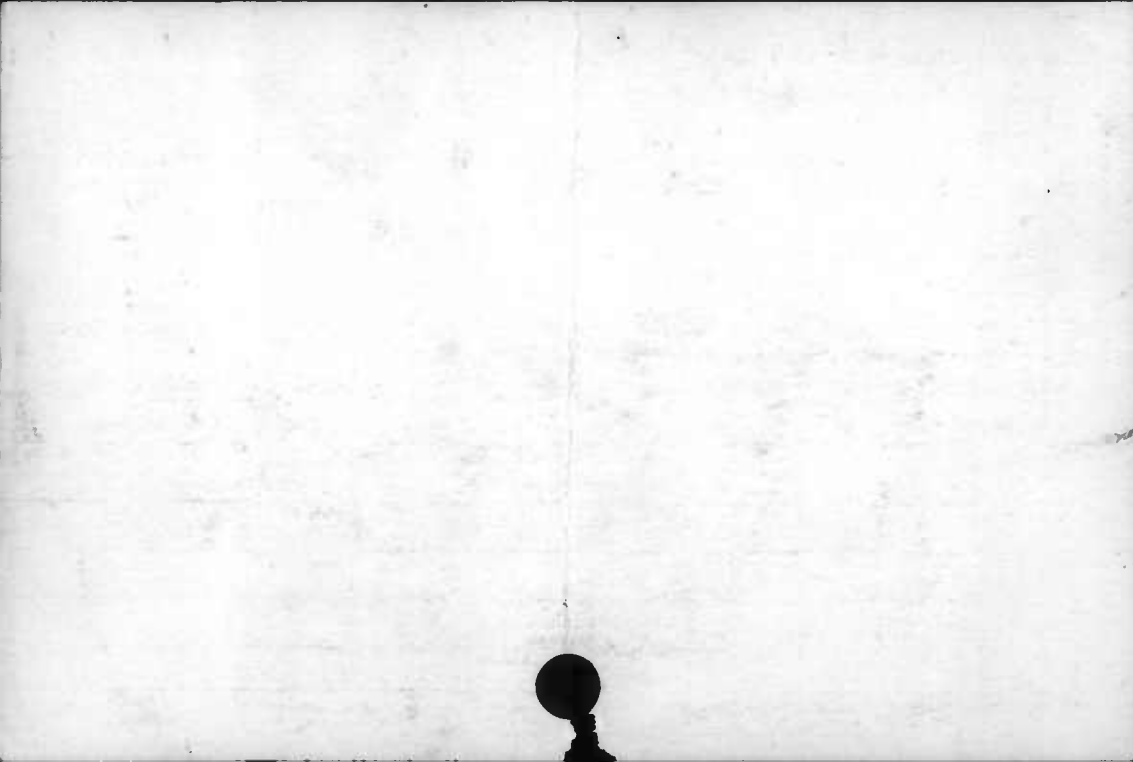
Primary Cholera Morbus How long 1 day

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. Lee Hughes Address Ind.

Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

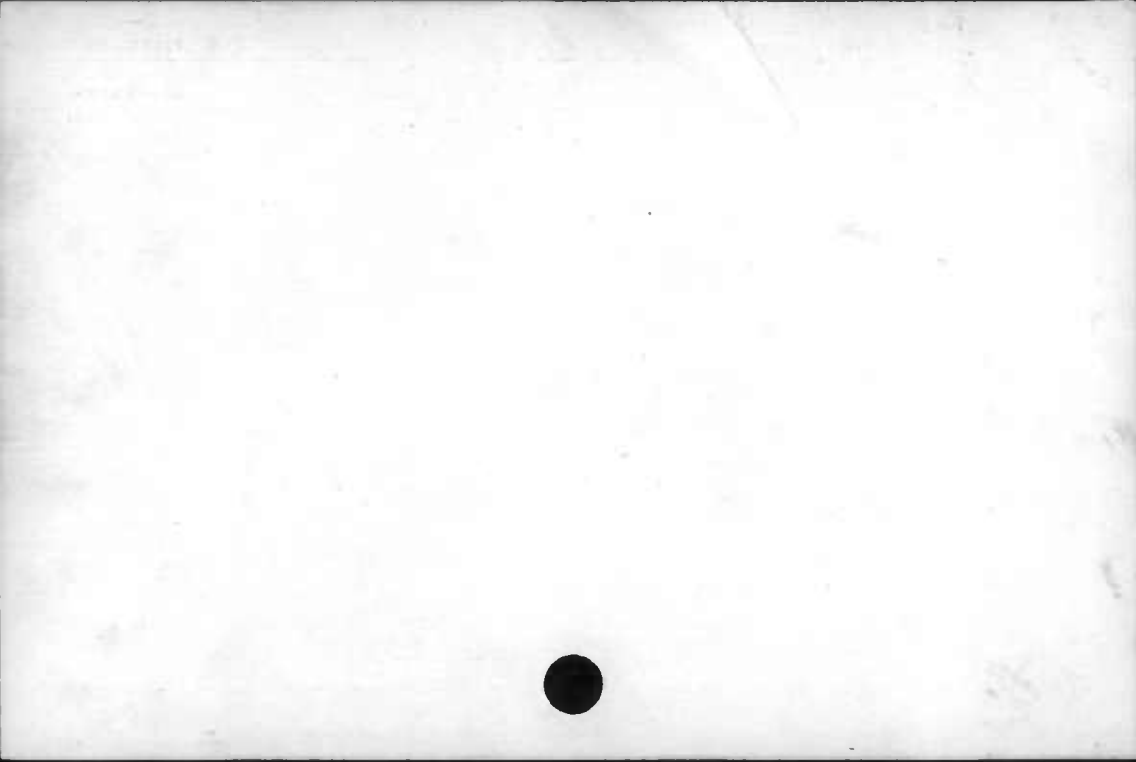
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harre de Grace</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1909	Month	July	Day	12
Age	—		Months	—	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Harre de Grace</i>	
Where Residing if not at place of death			<i>Harre de Grace</i>		
Marr Married, Single or Widowed			Name of Wife or Husband <i>none</i>		
Fether's Name <i>Joseph Ward</i>			Father's Birthplace <i>Harre de Grace</i>		
Mother's Maiden Name <i>Ellen Bernard</i>			Mother's Birthplace <i>Harre de Grace</i>		
Name of person giving Information <i>Joseph Ward</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primery	<i>Premature birth</i>	How long	<i>151</i> X
Immediate	<i>Weak heart</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. H. Smith</i>	
Address <i>Harre de Grace</i>		Accident or Suicide	



Name
in
Full

William Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fallston		County		of Harford		MARYLAND				
Date of death		1909	Month	July	Day	28	Age	85	Years	Months	8	Days
Sex		Male		Color or Race		White		Birth-place		Md.		
Occupation		Blacksmith		Where Residing if not at place of death		Fallston		Md.				
Married, Single or Widowed		Single		Name of Wife or Husband		Casandra Waters						
Father's Name		Isaac Waters		Father's Birthplace		Md.						
Mother's Maiden Name		Caroline Carson		Mother's Birthplace		Md.						
Name of person giving information		Annie Waters		How related to deceased		Daughter						

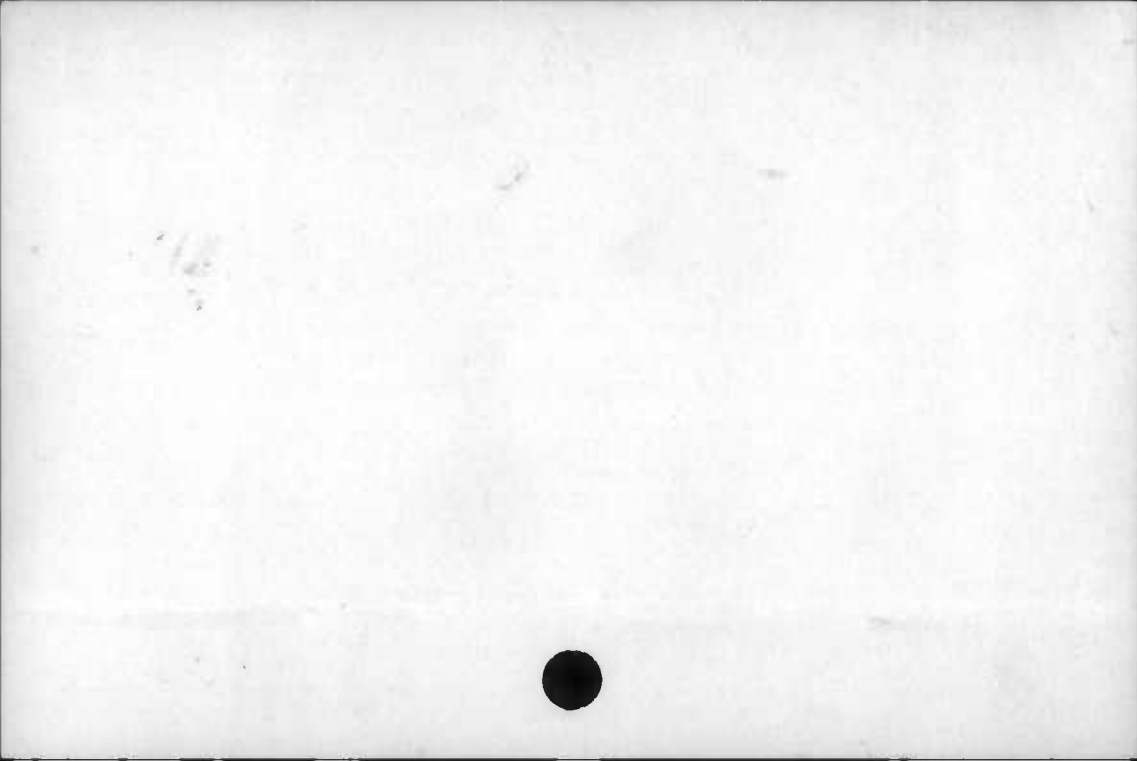
CAUSES OF DEATH

64

X

PHYSICIAN
OR CORONER

Primary		Apoplexy		How long		One week	
Immediate		Toxaemia		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Russell D. Pappas	
Accident or Suicide?		No		Address		Bel Air.	



Name
in
Full

Still Born

Webber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bel Air Town Harford County

MARYLAND

Date of death 1909 7 Month 19 Day Age — Years — Months — Days

Sex Female Color or Race White Birth-place Bel Air

Occupation — Where Residing if not at place of death —

~~Married, Single~~
~~Widowed~~ Name of Wife or Husband

Father's Name Harry Webber

Father's Birthplace Ind.

Mother's Maiden Name Rhodia Kennedy

Mother's Birthplace

Name of person giving Information Harry Webber

How related to deceased Father

CAUSES OF DEATH

Primary Foot Presentation
Immediate Cord Compression

How long (D)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Amelia Dappington
Address Bel Air

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Julia Ann Wesley

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Darlington^{County} Starford

Date

of death

1909

Month

July

Day

8th

Age

52

Years

Months

4

Days

11

Sex

Female

Color or
Race

Colored

Birth-
place

Brightsville, Va.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Charles H. Wesley

Father's
Name

Daniel Grason

Father's
Birthplace

Not Known

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not Known

Name of person giving
information

Charles H. Wesley

How related
to deceased

Husband

CAUSES OF DEATH

40

X

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

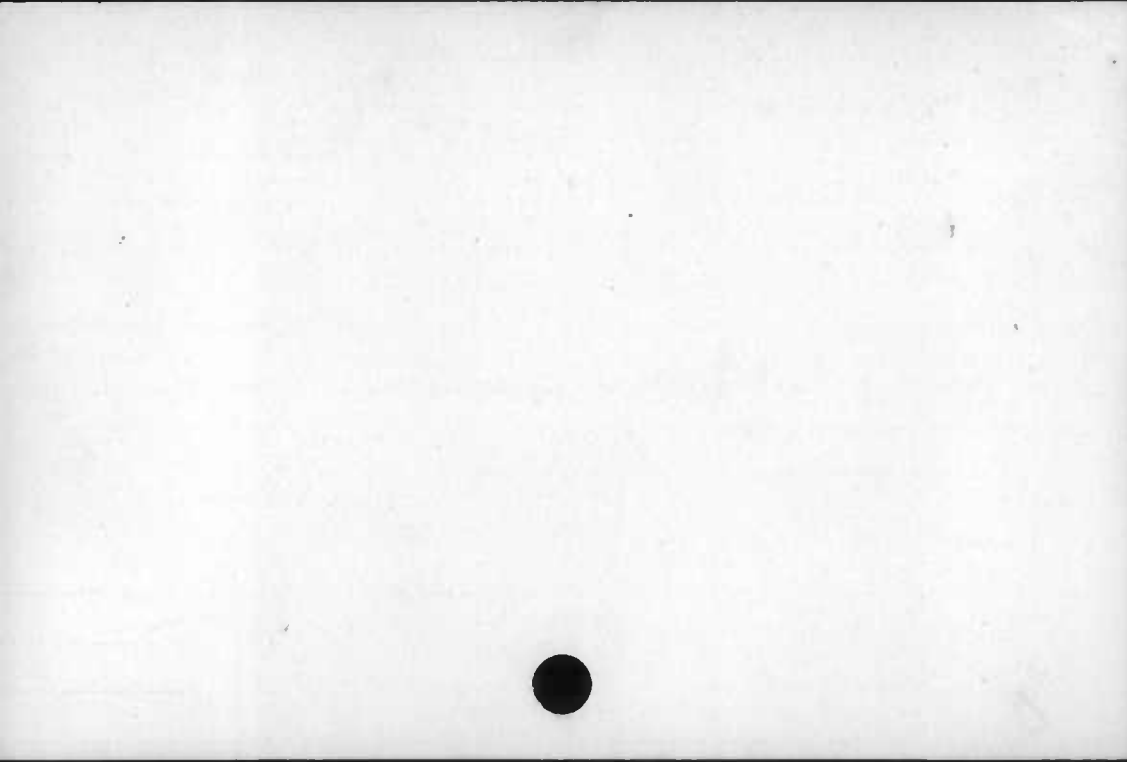
J. H. Grason

Address

Darlington, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emily J. Williams</i>		Town <i>Fallston</i>		County <i>Harford Co.</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1909</i>		<i>July</i>		<i>20 1/2</i>		<i>43</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Fallston Md</i>			
Occupation <i>Maids</i>		Where Residing if not at place of death <i>Balto</i>					
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Name of Wife or Husband <i>Edw Brown</i>		Father's Birthplace <i>Delto Pa.</i>			
Father's Name <i>Edw Brown</i>		Mother's Maiden Name <i>Susanna Moore</i>		Mother's Birthplace <i>Balto Co. Md</i>			
Name of person giving information <i>Jervoline Johnson</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

120 X

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis</i>		How long <i>year or more -</i>	
Immediate <i>Uraemic coma</i>		How long <i>a few hours -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>A. F. Van T. Gibber</i>	
Accident or Suicide? <i>No</i>		Address <i>Bell St Md.</i>	

Labrador.

Name
in
Full

Unknown Col. Man.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oakington</i>		County <i>Harford</i>		MARYLAND	
Date of death		1909	Month <i>July</i>	Day <i>28</i>	Age	Years <i>Unknown</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Unknown</i>			
Occupation <i>Unknown</i>				Where Residing if not at place of death <i>Unknown</i>			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Moore</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>accidental Railroad accident</i>		How long
Immediate <i>Q & P. B. W & R. Co. at Oakington Harford County</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>D</i>		Address
Accident or Suicide?		<i>Nicholas H. Tolson Coroner</i> <i>Barre de la...</i>

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